

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/12/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445494	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 01/10/2012
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF RHEA COUNTY			STREET ADDRESS, CITY, STATE, ZIP CODE 7824 RHEA COUNTY HWY DAYTON, TN 37321		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 025 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure smoke barrier fire ratings are maintained. The findings include: Observation on January 10, 2012 at 10:20 a.m. revealed a penetration above the ceiling over the fire rated door on the front hall near the nurse station. Observation on January 10, 2012 at 11:10 a.m. revealed a penetration above the ceiling over the fire rated door on the private hall.</p>	K 025	<p>K025</p> <p><u>What corrective action will be taken to correct this alleged deficient practice?</u></p> <p>a) Smoke barriers were repaired on 1/17/2012.</p> <p><u>Identify residents that have the potential to be affected by the alleged deficient practice.</u></p> <p>a) All facility residents have the potential to be affected.</p> <p><u>What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur?</u></p> <p>a) Maintenance will monitor any outside vendors for compliance to penetrations of firewalls. b) Smoke barriers were repaired on 1/17/2012. c) Maintenance Director will make rounds to monitor compliance on monthly basis. d) The nursing home administrator will audit the monthly reviews for compliance monthly times 3 months.</p>		
K 067 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p>	K 067			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Kate Swafford

ED

1-27-12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 067	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure clean linen closets have a positive air flow. The findings include: Observation on January 10, 2012 at 10:25 a.m. revealed the clean linen supply closet on the front hall has no positive air flow installed.	K 067	Cont. From K065 <u>How the corrective action(s) will be monitored to ensure the deficient practice will not recur and what quality assurance program will be put in place?</u> a) The Nursing Home Administrator will report the results of the monthly rounds to the performance improvement committee, which consist of the nursing home administrator, medical director, director of nursing, assistant director of nursing, staff development coordinator, pharmacy consultant, human resource director, social service director, rehab services manager, dietary manager, admission/marketing coordinator, business office manager, wound care nurse, housekeeping/laundry director, activity coordinator, and health information manager, for three months.		
K 072 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure the corridors in the means of egress were maintained clear of all obstructions (NFPA 101- 7.1.10.2.1.) The findings include: Observation on January 10, 2012 at 10:45 a.m. revealed four (4) wheelchairs and one (1) patient walker stored in the back corridor.	K 072	b) The performance improvement committee will review the results. If it is deemed necessary by the committee, additional education may be provided; the process evaluated/revised and/or the audits reviewed, for three months or until 100% compliance is achieved	2/24/2012	

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K 072 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure the corridors in the means of egress were maintained clear of all obstructions (NFPA 101- 7.1.10.2.1.) The findings include: Observation on January 10, 2012 at 10:45 a.m. revealed four (4) wheelchairs and one (1) patient walker stored in the back corridor.	K 072	<u>Identify residents that have the potential to be affected by the alleged deficient practice.</u> b) All facility residents have the potential to be affected. <u>What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur?</u> a) Linen closets will be audited for compliance weekly for four weeks by the director of maintenance, once repairs have been completed. b) Nursing home administrator will review weekly audits for compliance for four weeks.		

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K 072 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure the corridors in the means of egress were maintained clear of all obstructions (NFPA 101- 7.1.10.2.1.) The findings include: Observation on January 10, 2012 at 10:45 a.m. revealed four (4) wheelchairs and one (1) patient walker stored in the back corridor.	K 072	<u>Identify residents that have the potential to be affected by the alleged deficient practice.</u> a) All facility residents have the potential to be affected. <u>What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur?</u> a) All facility personnel were in- serviced on maintaining clear and unobstructed aisles and corridors by the staff development coordinator on 1/26/2012. b) The Maintenance Director, and/or his designee will assure compliance through daily rounds to assure the aisles and corridors are clear and unobstructed. c) The nursing home administrator will audit the daily rounds for compliance for three months.		

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K 072 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure the corridors in the means of egress were maintained clear of all obstructions (NFPA 101- 7.1.10.2.1.) The findings include: Observation on January 10, 2012 at 10:45 a.m. revealed four (4) wheelchairs and one (1) patient walker stored in the back corridor.	K 072	a) The Nursing Home Administrator will report the results of the daily rounds to the performance improvement committee, which consist of the nursing home administrator, medical director, director of nursing, assistant director of nursing, staff development coordinator, pharmacy consultant, human resource director, social service director, rehab services manager, dietary manager, admission/marketing coordinator, business office manager, wound care nurse, housekeeping/laundry director, activity coordinator, and health information manager, for three months. b) The performance improvement committee will review the results. If it is deemed necessary by the committee, additional education may be provided; the process evaluated/revised and/or the audits reviewed, for three months or until 100% compliance is achieved	2/24/2012